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Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026504

1. Corporation Name

SMITHSONIA FORD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
939 NE 19 AVE Fort Laud, FL 33304	939 NE 19 AVE Fort Laud, FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04-07-1994

2. Principal Place of Business	2a. Mailing Address
21 3961 N. Federal Hwy	26 3961 N. Federal Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pomp Beach, FL	28 City & State: Pomp Beach, FL
24 Zip: 33064 25 Country: USA	29 Zip: 33064 FL 30 Country: USA

4. FEI Number: 65-0479594 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JULIANA Franca 5240 NE 6th AVE 26F Ft. Laud, FL 33334	81 Name: JULIANA Franca 82 Street Address (P.O. Box Number is Not Acceptable): 3961 N. Federal Hwy 83 84 City: Pomp Beach FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Juliana Aquilino Franca — DATE:
Signature of officer, partner, trustee, or registered agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE JULIANA Franca 5240 NE 6th AVE 26F Ft. Laud, FL 33334	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition JULIANA Franca 623 Anderson Circle 105 Deerfield Beach, FL 33064 Secret.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE SONIA SMITH 1400 NE 57th Ct 107 Ft. Laud, FL 33334	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition SONIA SMITH TREAS 1400 NE 57th Ct 107 PRES Ft. Laud, FL 33334 VICE-PRES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition JL 6/5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 900002552949 -06/09/98--01064--030 ***150.00

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Juliana Franca — 6/8/98 — 954 784-2180